



CASCADE COUNTY

Job Vacancy Announcement

Submit all application materials to:

**Cascade County Human Resources Department
325 2nd Ave N #108
Great Falls, MT 59401**

Applications available at the Human Resources Department, www.cascadecountymt.gov or Job Service.

Position: Civilian Bailiff

Schedule: Full-time with benefits

Department: Cascade County Sheriff's Office

Salary: \$15.00 per hour

Closing Date: Open Until Filled

Administrator: Sheriff Slaughter

At a minimum, all qualified applicants must have:

Education/Experience/Training:

- High School Diploma, GED or HSE required.

Certifications:

- Valid Driver's License issued by the State of Montana or ability to obtain within 90 days.

Job Summary

The Civilian Bailiff (Bailiff) for the Cascade County Sheriff/Coroner's Office (CCSO) is responsible for making official court proclamations and announcements of a public nature in the Montana Eighth Judicial District Court system (Court) with regard to the opening and adjournment of court, the transaction of certain special matters, general court decorum and behavior matters and such other proclamations as directed by the presiding judge. The Bailiff further provides limited support for the Court by assisting the presiding judge with the orderly and efficient conduct of Court proceedings, provides jury escort duties, receives and delivers documents and meals for the jury and otherwise functions to prevent jury contact with the public or other outside contact, assists with courtroom administrative duties as directed by the presiding judge, alerts and notifies the CCSO Deputy Sheriff in charge of courthouse security in the event of an emergency or problem necessitating law enforcement or medical assistance and involvement and performs other duties as required or assigned by the CCSO. The Bailiff has no arrest or power to detain and is not responsible for and will not provide or enforce courtroom security and will summon the CCSO Deputy Sheriff in charge of courthouse security in the event that such law enforcement intervention and assistance is needed.

Essential Job Duties and Responsibilities

Makes official court proclamations and announcements of a public nature in Court with regard to the opening and adjournment of court, the transaction of certain special matters, general court decorum and behavior matters and such other proclamations as directed by the presiding judge, provides limited support for the Court by assisting the presiding judge with the orderly and efficient conduct of Court proceedings, provides jury escort duties, receives and delivers documents and meals for the jury and otherwise functions to prevent jury contact with the public or other outside contact, assists with courtroom administrative duties as directed by the presiding judge, alerts and notifies the CCSO Deputy Sheriff in charge of courthouse security in the event of an emergency or problem necessitating law enforcement or medical intervention and assistance, adheres to and follows court rules, procedures and decorum, maintains professional and effective communication with District Court Judges, court personnel, court attendees, witnesses, law enforcement and the general public, maintains a high-level of confidentiality and strictly adheres to and complies with HIPAA, County, state and federal privacy and criminal justice information laws, rules, policies, guidelines and practices, works long hours when required, performs other duties as required or assigned.

Knowledge and understanding of: Court rules, procedures and decorum, Cascade County policies and procedures, communication with hand-held portable radio and 10-Code, professional, respectful and effective communication.

Skill in: Written and verbal communication, time management and organization, customer service etiquette, using tact, discretion, initiative and independent judgment within established guidelines.

Ability to: Communicate in a professional and effective manner with others in both technical and non-technical terms orally and in writing, meet challenges with resourcefulness through original thinking and creativity, adhere to strict standards of confidentiality, employ and enforce safety practices and procedures,

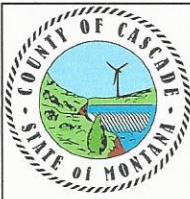
occasionally work outside normal hours as assigned, respond promptly to requests for service and assistance from the public and various court personnel, demonstrate punctuality and observe work hours, work collaboratively and observe established lines of authority, maintain concentration during frequent interruptions, follow verbal and written instructions, read and comprehend materials, identify problems that adversely affect the organization and its functions and offer positive suggestions for improvements, interact with the public or other employees in a professional, respectful and courteous manner, interact with challenging individuals and display sound judgment under stressful situations, adapt to changes in the work environment and deal with frequent change, delays and/or unexpected events, handle stress and conflict, work for sustained periods of time maintaining concentration and attention to detail, accept responsibility and be self-motivated.

The successful applicant shall serve a 6-month probationary period and will have a criminal background check conducted. The results thereof may disqualify the applicant from consideration for employment with the County.

Notice to Applicants: Applicants who are claiming Veteran's or Handicap Preference **must** provide a DD-214 Discharge Document (**Part 4**) or DPHHS Handicap Certification **and** Employment Preference Form with their application for employment so Cascade County may apply the preference during the selection process.

Cascade County makes reasonable accommodations for any known disability that may interfere with the applicant's ability to compete in the recruitment and selection process or an employee's ability to perform the essential duties of the job. For Cascade County to consider such arrangements, the applicants must make known any needed accommodations.

CASCADE COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER



CASCADE COUNTY
EMPLOYMENT APPLICATION
AN EQUAL OPPORTUNITY EMPLOYER

For County Use

The information contained on this form is sought in good faith. It will not be used in any way to discriminate against any applicant for employment in violation of state and federal law. Published on June 7th, 2013.

IMPORTANT: Please **type** or **print** in ink. You may respond to sections 4, 5, and 9 on separate sheets of paper if all relevant blocks are completed and the same format is followed. On each sheet, write your name and the job title of the position(s) for which you are applying. You may submit a legible photocopied application. If you photocopy your application, leave sections 1, 2, and 3 blank and complete these sections each time you apply. You must sign and date, in ink, each application you submit. **LATE, INCOMPLETE or UNSIGNED applications will not be considered.**

PLEASE READ THE JOB VACANCY ANNOUNCEMENT CAREFULLY TO FIND: (a) what attachments must be submitted (supplement questions, transcript, Employment Preference Form, etc.); (b) where to submit your application; (c) the required special qualifications or licenses; (d) the closing date for receipt of applications. An application tailored to the position is to your advantage.

Under state and federal law, qualified applicants with disabilities are entitled to **reasonable accommodations**. Modifications or adjustments may be provided to assist applicants to compete in the recruitment and selection process, to perform the essential duties of the job, or to enjoy equal benefits and privileges of employment available to other employees. An applicant must request an accommodation when needed. A description of the selection process and the essential job duties is included in the vacancy announcement.

Employment Preference: The **Veterans' Employment Preference Act** and the **Persons with Disabilities Employment Preference Act** provide preference in public employment for certain military veterans and people with disabilities, or the eligible relatives thereof. **An applicant claiming employment preference must complete an Employment Preference Form, available through Human Resources or your local Montana Job Service.** The applicant must indicate at the bottom of page five (5) that the necessary documentation is attached. Contact your local Montana Vocational Rehabilitation Services Office (Department of Public Health and Human Services) for detail on obtaining disabilities preference certification. For more information, contact your local Job Service.

1.

Name: _____
Last First M.I.

Address: _____
Street

City State Zip Code

Phone Number: _____
Work Home Cell

2. What position are you applying for? (See Job Vacancy Announcement.)

Position: _____

Department: _____

Closing Date of Vacancy: _____

3. Have you ever been convicted of a crime involving theft, abuse, neglect, or mistreatment of an individual or any other felony/misdemeanor (except routine traffic violations)? A conviction will not necessarily disqualify you for the position.

☐ Yes ☐ No **If yes, list on a separate sheet of paper the convictions.**

4. My signature below certifies that all information on this and all attached pages (checked below) are true, correct and complete to the best of my knowledge and contain no willful falsifications or misrepresentations. Falsifications or misrepresentations may disqualify me from consideration for employment with Cascade County or, if hired, may be grounds for termination at a later date. Employers may be contacted as references. In the spaces below, I have checked attachments, including those required in the job vacancy announcement. I understand that, if I am the final applicant for the applied position, a criminal background check may be conducted and the results thereof may disqualify me from consideration for employment with the County.

☐ Responses to Supplemental Questions ☐ Transcript ☐ DD-214 ☐ Resume ☐ DPHHS Certification

☐ Typing/Ten-key Certification ☐ Other (specify) _____

Signature: _____ Date: _____

5. EDUCATION: You may respond to this section on a separate sheet of paper (on each sheet write your name and job title for which you are applying) if all relevant blocks are completed and the same format is followed.

High School Name and Address: _____

College, University, Other Schools & Training Courses Name and Location	Dates Attended	Did you receive a degree or certificate?	Date Received	Major or Minor Field	Credits Earned - Indicate Quarter or Semester Hours

6. List current Professional Licenses, Registrations, or Certifications (engineering, medical, CPA, etc.)

Licensing Agency Name and Location	Type of License	Endorsement/Restriction (if applicable)	Date Issued

7. If applying for skilled crafts jobs, are you a recognized journey level worker? ☐ Yes ☐ No

If Yes, what apprenticeship?

Number of years: _____

8. Special skills - check the skills you possess. Specify speed/errors where requested.

☐ Typing _____ / _____ ☐ Data Entry _____ / _____ ☐ Ten-Key _____ / _____ ☐ Legal Terminology ☐ Medical Terminology

Other: _____

Computer Programming Languages (specify): _____

Computer Software: _____

Equipment - List types of equipment you can operate and specify name or model you have used: _____

9. EXPERIENCE: List your work and/or volunteer experience with emphasis on experience that is relevant to the position which you are applying. **Begin with your present or most recent experience.** Include military service that would help you qualify. **List each promotion as a separate position.** You may respond to this section on a separate sheet of paper if all questions in the blocks are answered and the same format is followed. On each sheet write your name and follow the same format as below. On each sheet write your name and job title for which you are applying.

This information must be completed even if a resume is submitted.

Notice to applicants: Information you provide on this application is subject to verification. Previous employers may be contacted as references.

May we contact your present employer? ☐ Yes ☐ No

Name & Complete Address of Employer	
-------------------------------------	--

Your Job Title: _____ Dates Employed: _____ / _____ to _____ / _____

Immediate Supervisor: _____ Avg. Hrs. Per Week: _____ Total Time Employed: _____

Phone Number: _____ ☐ Full-time ☐ Part-time ☐ Volunteer

Describe your duties in detail: (knowledge, skills, abilities required, employees supervised, accomplishments)

--

Reason for Leaving:

Name & Complete Address of Employer	
-------------------------------------	--

Your Job Title: _____ Dates Employed: _____ / _____ to _____ / _____

Immediate Supervisor: _____ Avg. Hrs. Per Week: _____ Total Time Employed: _____

Phone Number: _____ ☐ Full-time ☐ Part-time ☐ Volunteer

Describe your duties in detail: (knowledge, skills, abilities required, employees supervised, accomplishments)

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Reason for Leaving:

Name & Complete Address of Employer	
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Your Job Title: _____ Dates Employed: _____ / _____ to _____ / _____

Immediate Supervisor: _____ Avg. Hrs. Per Week: _____ Total Time Employed: _____

Phone Number: _____ ☐ Full-time ☐ Part-time ☐ Volunteer

Describe your duties in detail: (knowledge, skills, abilities required, employees supervised, accomplishments)

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Reason for Leaving:

Name & Complete Address of Employer	
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Your Job Title: _____ Dates Employed: _____ / _____ to _____ / _____

Immediate Supervisor: _____ Avg. Hrs. Per Week: _____ Total Time Employed: _____

Phone Number: _____ ☐ Full-time ☐ Part-time ☐ Volunteer

Describe your duties in detail: (knowledge, skills, abilities required, employees supervised, accomplishments)

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Reason for Leaving:

APPLICANT SURVEY

Title VII of the U.S. Civil Rights Act requires Cascade County to "make and keep records relevant to the determinations of whether unlawful employment practices have been or are being committed." This is also a requirement of the Montana Human Rights Act and state and federal laws providing employment opportunities for veterans and persons with disabilities. The following survey helps to fulfill these requirements.

This survey information will be separated from the application, kept confidential, and used only for statistical reports, background checks, and other lawful uses. Analysis of the information you and others provide may be used to monitor recruitment and selection practices in County government.

10. Name: _____ Social Security Number: _____	Job Applied For: _____
	Department _____
	Job Title _____
	Location _____

11. How did you first learn of this position?

- | | |
|--|---|
| <input type="checkbox"/> Newspaper ad | <input type="checkbox"/> Job Service Posting |
| <input type="checkbox"/> A friend/employee | <input type="checkbox"/> Internet Listing |
| <input type="checkbox"/> Posted in County Building | <input type="checkbox"/> Professional Publication |
| <input type="checkbox"/> Walk-in | <input type="checkbox"/> Other (specify) _____ |

12. ☐ M (Male) ☐ F (Female)

Date of Birth (month/day/year): _____ / _____ / _____

13. RACE/ETHNICITY

Please check the one box that best describes your race / ethnicity:

- ☐ AMERICAN INDIAN or ALASKAN NATIVE
- ☐ ASIAN
- ☐ PACIFIC ISLANDER
- ☐ BLACK or AFRICAN AMERICAN
- ☐ HISPANIC or LATINO
- ☐ WHITE
- ☐ TWO OR MORE RACES

14. VETERAN or DISABILITY STATUS

Person with a disability: ☐ Yes ☐ No (if yes, please see below)

Veteran Status:

Check the **one** box that best describes your veteran status:

- | | | |
|---|--|--|
| <input type="checkbox"/> Disabled Vietnam Era Veteran | <input type="checkbox"/> Vietnam Era Veteran | <input type="checkbox"/> Veteran of Persian Gulf War |
| <input type="checkbox"/> Disabled Veteran of Other Campaign/War Era | <input type="checkbox"/> Veteran of Other Campaign/War Era | |
| <input type="checkbox"/> Other Disabled Veteran | <input type="checkbox"/> Other Veteran | |

Check the **one** box that best describes your status as a preference eligible relative:

- ☐ A Spouse of Disabled Veteran ☐ Mother of a Veteran ☐ Spouse of totally (100%) Disabled Person
- ☐ Unremarried Surviving Spouse of a Veteran or Disabled Veteran

Do you have certification from the Montana Department of Public Health and Human Services for Persons with Disabilities Employment Preference?

☐ Yes ☐ No

Please provide 3 PROFESSIONAL REFERENCES

(A professional reference is a reference from a person who can vouch for your qualifications for a job. A professional reference is typically a former employer, a colleague, a client, a vendor, a supervisor, or someone else who can recommend you for employment.)

Please print legibly

1.

Name: _____

Address: _____

City, State, Zip: _____

Phone, Cell Phone: _____

E-mail: _____

2.

Name: _____

Address: _____

City, State, Zip: _____

Phone, Cell Phone: _____

E-mail: _____

3.

Name: _____

Address: _____

City, State, Zip: _____

Phone, Cell Phone: _____

E-mail: _____

--READ CAREFULLY--

-- Do Not Write On This Page--

Please make sure all required information is included (see Job Vacancy Announcement).

- 1. Did you sign and date your application (page 1)?**
- 2. Have you read the Job Vacancy Announcement to see what attachments must be submitted?**
- 3. Have you checked boxes in Section 3 or 4 (page 1) to indicate what attachments you have included?**
- 4. Did you indicate the specific Position Title in Sections 2 (page 1) and 10 (page 5)?**
- 5. Did you include a complete address for each employer listed in Section 9 (pages 3 and 4)?**
- 6. If you are claiming Veterans' Employment Preference or Persons with Disabilities Employment Preference, have you completed and attached the Employment Preference Form and Documentation (see information on page 1)?**
- 7. Did you provide 3 professional references (page 6)?**
- 8. Did you attach all the application materials required by the Job Vacancy Announcement?**



CASCADE COUNTY SHERIFF'S OFFICE

Jesse Slaughter – Sheriff | Cory Reeves – Undersheriff

3800 Ulm North Frontage Road, Great Falls, Montana 59404 406.454.6820 cascadecountymt.gov

**SUPPLEMENTAL FORMS
MUST BE SIGNED IN FRONT
OF A NOTARY & BE
NOTARIZED**

- A LEGACY OF SERVICE SINCE 1887 -



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CONFIDENTIALITY

I, _____ understand the MCA
(print name)

Statutes, the Cascade County Policy and Sheriff's Office mandate concerning confidentiality. I understand that violation of these statutes and policies will result in disciplinary action, to include dismissal.

I understand that law enforcement information derived from investigations is confidential. This includes criminal investigative information, intelligence information, fingerprints and photographs and any other information or records made so by law.

I understand that employees should hold confidential all information deemed not for public consumption. That confidentiality of information obtained while in the performance of my duties will be respected and used responsibly and only disseminated to person(s) as directed by the Sheriff or his designee.

I understand that information gained through conducting administrative duties, as a member of an administrative board, administrative decision-making entity or the daily processing of the administrative decision-making information is confidential, and is not general knowledge to be released, unless authorized by the Sheriff or his designee.

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PRE-EMPLOYMENT INVESTIGATION DISCOVERY WAIVER

As an applicant to the CASCADE COUNTY SHERIFF'S OFFICE for the position of

_____, I recognize that an employing law enforcement agency has a legal, as well as a moral obligation, to take every reasonable effort to ensure that persons employed by them as peace officers, or in other positions, conform to the very highest standards.

Therefore, I release and hold harmless the CASCADE COUNTY SHERIFF'S OFFICE and their officers, agents, or assigns, now and in the future, from any claim or damages in law or inequity on behalf of myself, my heirs, and assigns, for their refusal to make available any and all of the information contained in this pre-employment investigation, including, but not limited to, the identity(ies) of any person(s) and / or organization(s) which may have supplied information in the course of this investigation, as well as the substance of any information supplied.

I hereby waive my right, now and in the future, to examine, review, or otherwise discover the contents of this investigation and all related documents thereto.

Dated this _____ day of _____, 20____

Signature of Applicant _____

State of Montana

County of _____

This instrument was acknowledged before me on _____ by _____
Print Name of Signer

Notary Signature

{Montana Notaries must complete the following, if not part of the stamp}

Printed Name

Notary Public for the State of _____

Residing at _____

My Commission Expires: _____, 20____

Affix Seal/Stamp as close to
Signature as Possible

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AUTHORIZATION TO RELEASE INFORMATION

Name of Applicant _____
Please print your full name

Aliases _____

Date of Birth _____ SSN# _____

As an applicant for a position with the CASCADE COUNTY SHERIFF'S OFFICE I am required to furnish information for use in determining my qualifications and suitability. I realize that this agency will not release the information provided to them to any person, including myself. The information submitted to this agency is confidential and will be used only for investigating my suitability for law enforcement or related employment.

Toward this end, I authorize the release of any and all information that you may have concerning me, including information of a confidential or privileged nature. I hereby authorize all my previous employers, physicians, and professionals who may have examined or treated me, friends, acquaintances, credit reporting services public agencies, and all others, to furnish the CASCADE COUNTY SHERIFF'S OFFICE any and all information they may have concerning me.

I hereby release you, your organization, or others, from liability or damage which may result from furnishing the information requested. I further authorize that a photocopy of this form shall be for all intents and purposes, as valid as the original. I authorize you to retain a copy of this form in your files.

This release is valid for any information supplied within one (1) year of the date of my signature.

Signature of Applicant _____

State of Montana

County of _____

This instrument was acknowledged before me on _____ by _____
Print Name of Signer

Notary Signature

{Montana Notaries must complete the following, if not part of the stamp}

Printed Name

Notary Public for the State of _____

Residing at _____

My Commission Expires: _____, 20____

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LETTER OF UNDERSTANDING

I am applying for a position with the CASCADE COUNTY SHERIFF'S OFFICE therefore I understand that there are certain requirements I must meet before I can be accepted into this position. I understand that I must submit to an extensive background investigation at a minimum, which consists of the following areas of concern:

Review of my completed Personal History Statement	Evaluation of a Johnson, Roberts Personal History Questionnaire
Thorough criminal background checks	Thorough examination of prior employment
Examination of my personal credit / financial report	

A Hiring Review Board will evaluate the results of this investigation and make a preliminary decision as to my potential suitability for employment. I may at this point receive a conditional offer of employment which will be followed by completion of some or all of the following tests, depending upon position being sought.

Drug Screening Test	Standard medical examination	Hearing test
Psychological evaluation	Physical abilities test	Firearms aptitude evaluation

The aforementioned tests will be administered in a manner selected by the CASCADE COUNTY SHERIFF'S OFFICE. I understand that the results of the tests are the property of the agency to which I have applied, and that I will not receive copies of the reports nor any information contained in them, except as it may relate to a serious condition discovered by the examining physician.

A second Hiring Review Board will evaluate all tests in considering the requirements of the job, along with previous information and will make a final decision as to my suitability for employment, before making recommendations to the Sheriff. The Sheriff will make the final selection(s).

I agree to assist in the expedient conclusion of these reviews and examinations. I understand that successful completion of this process does not guarantee employment with the CASCADE COUNTY SHERIFF'S OFFICE only that I will be considered for positions as they become available, pursuant to established rules and regulations of the CASCADE COUNTY SHERIFF'S OFFICE. I have read and understand the content and purpose of this Letter of Understanding. I agree to abide by these requirements as a condition of employment with the CASCADE COUNTY SHERIFF'S OFFICE.

Signature of Applicant _____

State of Montana

County of _____

This instrument was acknowledged before me on _____ by _____
Print Name of Signer

Notary Signature

{Montana Notaries must complete the following, if not part of the stamp}

Printed Name

Notary Public for the State of _____

Residing at _____

My Commission Expires: _____, 20__

Affix Seal/Stamp as close to
Signature as Possible

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PREA:

- (1) Have you engaged in sexual abuse in a prison, jail lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);
- (2) Have you been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force or coercion, or if the victim did not consent or was unable to consent or refuse; or
- (3) Have you been civilly or administratively adjudicated to have engaged in the activity described in paragraph (2).

Yes _____ No _____

If yes, please list on a separate sheet of paper and attach.

Date _____

Signature _____

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